



# JAB & GAB



## The Wyoming Immunization Program Newsletter

### A **VIS**ion of Excellence

By Jan Bloom

Recently I took my four-year-old son for a well child visit, during which time he received his kindergarten shots. At the time of the visit, the WyVIP provider did not provide any Vaccine Information Statements (VIS) to me about the immunizations my son was to receive. As an educated parent and consumer of healthcare services, I knew that I should have received a VIS for each shot given. Rather than point that fact out during the visit, I opted instead to use this experience as an opportunity to remind WyVIP providers to provide consumers with Vaccine Information Statements prior to vaccination.

As a reminder, federal law requires that VISs be disseminated **prior to administration of vaccines** covered by the National Childhood Vaccine Injury Act. For more information, please see the **INSERT** "It's Federal Law!".

The purpose of the VIS is to ensure that consumers are educated about the importance of and risks of vaccines given as well as how to monitor and treat a person who has been immunized. VISs are available in 29 different languages. To obtain the most current VIS, visit the CDC web site at <http://www.cdc.gov/vaccines/Pubs/vis/default.htm>.

It is critical that WyVIP providers ensure consumers have the opportunity to read the VIS or have it read to them prior to administration of vaccines and that they receive the most current VIS for each vaccine before it is administered.

Thank you for your attention to ensuring consumers receive the most accurate, up-to-date information about vaccines and immunizations.

### Washakie Public Health Receives First SHARP SHOOTER Award

Washakie Public Health Nursing office in Worland, Wyoming accepted the first ever "SHARP SHOOTER" award in July for their efforts in protecting citizens in their county against vaccine-preventable diseases. Their office received a \$100 gift certificate to Office Depot for office supplies as part of the award. For your convenience, a "Sharp



*Shooter" award application* has been included with this issue of the Jab & Gab (**INSERT**). We hope you will consider submitting an application to share your immunization efforts, so we can continue to reward and share best practices in immunization with other providers in Wyoming.

\* Cie Daniels, LPN (pictured to the left) presented this award as part of her last day as

an Outreach Specialist. She has resigned her position with WIP and is no longer part of the program. We wish Cie the best of luck in her future endeavors and appreciate her dedication and hard work for the Wyoming Department of Health over the past 15 years.

### Wyoming Department of Health

#### JAB & GAB

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August, 2008

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**\*Don't forget to check your email for communication from us!**

**FY!! The JAB & GAB is posted on the [www.immunizewyoming.com](http://www.immunizewyoming.com) website every month.**



## World of the Vaccine Office By Randy DeBerry

### WyVIP Program Reducing Provider Inventory to a Two-Month Supply

Starting immediately, the WyVIP Program will be adjusting its ordering rules to comply with new CDC-issued guidelines. The CDC requires that grantees make every effort to have no more than an 8-week vaccine supply in their refrigerators and in the ordering process combined. These guidelines were instituted for the following reasons:

- **To minimize wastage of program vaccine.** This was brought to the Wyoming Immunization Program by Lewis Anderson, our CDC Program Officer, upon his site visit to Wyoming. Although Lewis was very pleased with the program, he mentioned that he was concerned about the vaccine levels in provider offices and the potential for wastage if a refrigerator malfunctioned.
- **Nationally, the federal Vaccine for Children's program is facing funding issues.** Please understand that the two-month supply rule is not just for Wyoming, but for every state/city participating in the Federal VFC program. These funding challenges are a direct result of the growth of the program, not only in the number of grantees, but also in the number of vaccines being supported by the Federal VFC program. As a result of this growth, the CDC needed to make a change in their vaccine supply recommendation from a 3-month supply to a 2-month supply to enable the program to continue to meet its mission requirement with its current level of available funding.

With this change in place, the importance of WyVIP providers notifying the program of extended vaccine needs via *Special Clinic Order Forms* has increased, as not only will you have less vaccine in your refrigerator but there will also be less supply available in the state for us to utilize. As such, please plan your special clinics accordingly and notify the program at least 1 month, preferably 6 weeks, in advance of extended vaccine needs so we can order appropriately.

### Returning Vaccine Transfer Materials to Vaccine Program

Many of you have received boxes, cold packs, and/or thermometers from the Vaccine Program via vaccine transfers during the last month. As such, the question has come up as to how these materials should be returned to the Vaccine Program. If you have vaccine transfer supplies from the Vaccine Program, please return them via regular U.S. Mail. Your office/clinic will initially need to pay the cost of shipping the materials to the Vaccine Program. However, if you mail your receipt (not a copy but the original) to the Vaccine Program, we will process a refund check for you.

### Shipping Labels for Returning Vaccine to McKesson

If you need shipping labels for returning expired vaccine to McKesson, they can be obtained from one of two places. First, all vaccine shipping boxes received from McKesson have a return shipping label already placed on top of the box. Please see the **INSERT** "Example of Return Shipping Label on McKesson Box". If you have a McKesson box, all you need to do is pack the vaccine, send a copy of the *McKesson Return Form* to the Vaccine Program, and send the box back. However, if you don't have a McKesson box, you can contact the Vaccine Program as we have prepaid UPS shipping labels for returning vaccine to McKesson. We would be glad to send your office a shipping label at your request.

**If you have any questions regarding any of this information, please let us know. Thank You!**

**Randy DeBerry, Vaccine Program Manager, (307) 777-8983.**

## August is National Immunization Awareness Month! by Andrea Clement-Johnson

August is a time to recognize that immunization is essential across the life span! People of all ages, communities, and professions need immunization as a part of their overall health and wellness. As part of promoting this effort, we have compiled materials that you may copy and display within your offices, or provide to your patients. These materials include:

- \* Materials for parents about the safety and importance of **childhood** immunizations
- \* Materials promoting **adolescent** immunization
- \* Materials promoting **adult** immunization
- \* Materials promoting immunization for **healthcare workers**

We hope you find August a time to be reminded of the importance of immunization as part of improving the overall health of your patients and as a regular practice within your offices. We look forward to your promotion of this effort throughout the year, as well. If you would like more of these or additional materials we supply, you may access our materials request form at [www.immunizewyoming.com](http://www.immunizewyoming.com), or call Andrea at (307) 777-8981, for specific materials needs or requests. We thank you for all you do to keep Wyoming healthy!

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## Medicare Part D Reimbursement Program for Adult Vaccines by Andrea Clement-Johnson

Although WyVIP is primarily a children's vaccine program, we recently learned about a tool that may be of use to private provider offices who supply adult vaccines to senior adults.

It is recognized that **reimbursement** and billing related to Part D vaccine claims can be challenging for providers who offer Zoster, and potentially other vaccines to adult patients. The *eDispense Part D Vaccine Manager* system may assist in alleviating some of these challenges.

The *eDispense* web-portal system can give providers the ability to:

- \* Check patients' Medicare, Part D eligibility, and Part D vaccine coverage
- \* Provide out-of-pocket cost amounts to patients and access to Part D reimbursement amounts to licensed prescribers for vaccine product charges
- \* Submit vaccine product and administration fee claims to Medicare Part D plans
- \* Receive reimbursement from Medicare Part D plans for vaccine product and administration fee charges at plans' allowable reimbursement rates
- \* Generate hard-copy records for patients and for the practice

*eDispense* requires a one-time enrollment agreement from provider offices. The system is a secure web-portal created and administered by Dispensing Solutions, Inc. For information about the company or this program, please call them at 1-866-522-3386.

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## Upcoming Events & Trainings in Health and Immunization by Andrea Clement-Johnson

### August 12-14 National Conference on Health Communication, Marketing, and Media

Location: Atlanta, Georgia Website: <http://www.cdc.gov/HealthMarketing/conference2008.htm>

**August 20 WIP Monthly Teleconference:** 12:15 p.m.-1:30pm. Call in **1-877-278-8686**, Participant ID, **687555**

**August 21 Policy Update for new enrollees or staff in need of updates.** 8:00-9:00, please call Andrea by August 20 to RSVP and to receive call in information if you are interested in participating. **(307) 777-8981**

**August 28 Immunization Update 2008.** 10:00-12:00pm, An annual update from CDC, highlighting current and late-breaking immunization issues. Webcast available at <http://www.cdc.gov/vaccines/ed/broadcasts.htm>

**September 17-19 Wyoming Public Health Association Annual Education Conference** Best Western Ramkota, Casper, Wyoming. Website: <http://wyopha.org/>

### Continuous Effectively Addressing Parents' Concerns about Immunizations

Web recast is available at <http://www.cdc.gov/vaccines/ed/ciinc/2008June.htm> Continuing Education credits available.

**Continuous Adolescent Immunization: A focus on the Next Generation** Featuring Joseph Domachowske, MD and Thad Wilson, APRN, PhD. Web recast available at <http://adolimmondemand08.haymarketmedical.com> or by phone teleconference at **1-888-696-0738**. Customer service support available at **1-866-330-7335**.

## Clinical Corner By Joanna Briggs, RN



### FDA Approves New DTaP-IPV Vaccine (KINRIX) For Children Ages 4-6 Years

On June 24, FDA approved the use of GlaxoSmithKline's Kinrix diphtheria tetanus toxoids, acellular pertussis adsorbed, and inactivated polio vaccine in children ages 4-6 years.

According to FDA's Product Approval Information, Kinrix vaccine is indicated for active immunization against diphtheria, tetanus, pertussis, and poliomyelitis as the **fifth** dose in the diphtheria, tetanus, and acellular pertussis (DTaP) vaccine series and the **fourth** dose in the inactivated poliovirus vaccine (IPV) series in children **4 through 6 years of age** whose previous DTaP vaccine doses have been with INFANRIX and/or PEDIARIX for the first three doses and INFANRIX for the fourth dose.

More information, including package inserts, on Kinrix and other newly approved vaccines is available at:

<http://www.fda.gov/cber/>

### Preliminary Data Indicate 2007-08 Rotavirus Season was Less Severe Than Usual; New Vaccine May Have Played a Part

CDC published "Delayed Onset and Diminished Magnitude of Rotavirus Activity--United States, November 2007-May 2008" in the June 27 issue of MMWR. This and other MMWRs are available at: <http://www.cdc.gov/mmwr/>

The rotavirus activity through May 3, of the current season, as compiled by the National Respiratory and Enteric Virus Surveillance System (NREVSS) and the New Vaccine Surveillance Network (NVSN), indicated that, when compared with the 15 previous seasons (spanning 1991-2006), rotavirus activity during the current season appeared to have a delayed onset of 2-4 months and diminished in magnitude by greater than 50%. Additional surveillance and epidemiologic studies are needed to confirm the impact of rotavirus vaccination on the current 2007-08 season. We also hope to show the impact of the rotavirus vaccine on the incidence and epidemiology of rotavirus during future seasons.

### Influenza Activity

On June 27<sup>th</sup>, the CDC published MMWR "Influenza Activity--United States and Worldwide, 2007-08 Season". During the 2007-08 influenza season, influenza activity peaked in mid-February in the United States and was associated with greater mortality and higher rates of hospitalization of children ages 0-4 years, compared with each of the previous three seasons. In the United States, influenza A (H1N1) was the predominant strain early in the season; influenza A (H3N2) virus increased in circulation in January and predominated overall. While influenza A (H1N1), A (H3N2), and B viruses co circulated worldwide, influenza A (H1N1) virus was most commonly reported in Canada, Europe, and Africa, and influenza B viruses were predominant in most Asian countries. This report summarizes influenza activity in the United States and worldwide during the 2007-08 influenza season (September 30, 2007-May 17, 2008).

### Influenza-Related Pediatric Mortality

As of June 19, 2008, 83 deaths associated with influenza infections which occurred among children less than 18 years of age during the 2007-08 influenza season were reported to CDC. Wyoming did not experience any of these deaths in children. The expanded ACIP recommendation is enclosed (**INSERTS**). Additional information is available at <http://www.cdc.gov/flu>.

It is not too early to be addressing influenza and what needs to be done this year. Be creative in getting the public vaccinated! Also, the new Flu VISs for 2008-09 are included (**INSERTS**).

### Vaccine Safety Monitoring: Vaccine Adverse Event Reporting System (VAERS)

#### General Description of VAERS and the CISA Network

The Vaccine Adverse Event Reporting System (VAERS) is part of a larger system that helps to make sure vaccines are safe and work as intended. VAERS is managed by CDC and FDA. To ensure vaccines are safe, vaccines are developed in accordance with the highest standards of safety. FDA requires extensive safety testing before a vaccine is licensed and distributed to the public. After licensing, VAERS is used to continually monitor vaccines for safety and efficacy.

VAERS receives reports of many events that occur after immunization. Some of these events may occur coincidentally following vaccination, while others may truly be caused by vaccination. It is important to remember that many adverse events reported to VAERS may not be caused by vaccines.

**Continued on next page →**



More in depth studies are usually required to investigate the association between a vaccine and an adverse event. Since 1990, most of the reported adverse events describe mild side effects such as fever and rash. Through continued monitoring, VAERS helps to ensure that the benefits of vaccines are far greater than the risks. More information about VAERS can be found at <http://www.cdc.gov/vaccinesafety/vaers/>.

The Clinical Immunization Safety Assessment (CISA) Network was established in 2001 as a collaborative project between CDC's Immunization Safety Office (ISO) and six medical research centers. CISA studies the pathophysiologic basis of adverse events after immunization, studies risk factors (including genetic) associated with developing an adverse event after immunization (AEFI), and provides clinicians with evidence-based guidelines when considering immunization of those at risk for AEFIs. CISA is uniquely suited to study post-licensure vaccine safety in special populations due to its clinical access to both the special populations and the specialists who care for them. More information about CISA can be found at <http://www.cdc.gov/vaccinesafety/cisa/>.

Please see the **INSERTS** for “VAERS Talking Points”, which discusses HPV disease, Gardasil, and VAERS reports associated with the Gardasil vaccine.



Get WylR'd!  
by John  
Anderson

### Version Upgrade (V4.3.1.2)

We have finally finished the testing process for the latest version upgrade and have scheduled an upgrade for the end of July. While there were still a few bugs identified in the process, we believe that these were minor in comparison to the upgrade functionality that will be available, as well as scripts that will fix current outstanding system bugs. Some changes that you may experience:

- \* Add Anonymous Patients
- \* Opting Patient Out & Opting Patient Back In
- \* Decline Ownership
- \* Displaying Patient Age on Vaccine Summary
- \* Breaking out DtaP, Tdap, Td family in detail on Patient Record Summary
- \* Requirement of Lot Number when Inputting Administered Vaccine

These changes will be posted on our website within our updated User Manual. As always, feel free to contact us with any questions you may have regarding these improvements. We are not the first State to move to this version, so the number of system bugs that we experience will most likely be less than the other early adopters (unlike the last upgrade).

As for the next targeted version (V4.4), we are still working on getting a secure certificate for our test environment so that it can be housed on a server based environment. Again, this configuration change will allow us to login remotely to access the system to see if things behave differently than on a desktop environment. V4.4 is undergoing the review of the same test scripts that STC goes through prior to release. As previously mentioned, we are working towards acquiring a secure server site for our test environment as well. Please, let us know if you would like to participate in this testing process – you may learn more about the WylR than you ever wanted to know!

### Revival Contract – new functionalities pending...

Our contract with our software vendor is in the process of getting renewed, and we have found a partner in Public Health and Emergency Preparedness Program (PHEP) to help pay for some functionalities that we would not have been able to afford otherwise. Much thanks to PHEP for the financing to improve the functionality of the WylR. Of the new functionalities available to the WylR in the new contract:

- **Mass Immunizations Stand Alone.** While we detail how to have an electronic searchable “backup file” of immunization records in the WylR User Guide, we realize that this will not necessarily assist in the data collection in the event of a bio-terror attack or pandemic flu outbreak. This thumb drive application will allow the remote collection of an immunization event if internet access is not available at the time of vaccine administration. Once populated, the end user simply uploads the data to the WylR, where it will then undergo a deduplication process to ensure accuracy of imported data. This tool gives us more flexibility to respond appropriately in the event of an emergency situation.

**Continued on the next page →**

- **Management Reports Module – GIS capabilities.** One of the twelve functional standards of an immunization registry is the ability to produce detailed geographic reports. Until now, we have been amiss of this standard due to monetary constraints. With assistance from the PHEP, we have acquired the ability to produce Geographic Information Systems level mapping regarding numerous variables by area, such as immunization rates, expiring vaccines, etc.... We are excited regarding this new functionality, and look forward to presenting it to you in the very near future.
- **Completion of Interface Development.** With the Revival Contract in place, we eagerly await the completion of interface development for the seven participating offices. We will let all know about the outcome once complete. Also, we will continually look for other funding sources to assist in interface development from other interested parties. If your office currently has an Electronic Medical Record (EMR) System, and is using the WylR, and would like to not to do duplicate data entry, please contact us and let us know you are interested. We will place you on a waiting list to move forward once additional funding is acquired.

### Laptops for WylR Users

We are working with the Department of Health IT program to retrofit some laptops with improved memory so that we may be able to loan them to users of the WylR to enhance the clinical flow for their patients. We hope that these upgrades will continue to enhance the efficiency of vaccination delivery for your office. Ideally, they would be in the room with each patient to research their history on the WylR in order to produce an accurate forecast prior to administration of vaccine, as well as immediately enter data for the patient receiving a vaccination. We already have a couple of names on the waiting list, so if your office would like to take advantage of this opportunity, please do not hesitate to contact us at your convenience. John Anderson (307) 777-5773.

### Get trained on the WylR from your desktop...

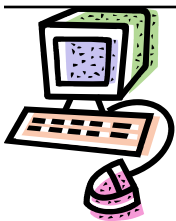
Please navigate to the WylR section within [www.immunizewyoming.com](http://www.immunizewyoming.com) – there, you will see our Distance Learning Tools posted for you to utilize at your convenience. This format allows all new users to receive training prior to receiving administrative rights to the WylR. It also allows current users to refresh their abilities as well. Please keep in mind that once our proposed Confidentiality and Security Policies and Procedures are approved, all **new users** will have to sign a form denoting that they viewed and completed the Distance Learning Training tool that corresponds to their requested access level. Please, take a look at them and let us know what you think.

### Updated System Bugs posted

As new bugs are identified, we will notify the primary WylR contact at each office of the information. It is indeed nice to have updated primary contact information from the WylR Enrollment Process for a purpose such as this. Please navigate to the link available within the WylR section on the [www.immunizewyoming.com](http://www.immunizewyoming.com) webpage to see the latest system bugs for Version 4.3.1.2.

### WylR Password Requirements

Please see the **INSERTS** for important information regarding password requirements for WylR users.



### WylR Room by Lisa Wordeman

The summer has flown by and we are planning for our back-to-school vaccines. Our WylR users have an advantage in that they have access to great tools, such as **Reminder Recall** and the official **School Form**.

The *Reminder Recall* is beneficial, not just in helping to increase your rates, but by helping you identify the kids in your clinic who will be needing vaccines before school starts. This will allow you to remind parents to bring their kids in to your clinic and also help you to prepare for their vaccine needs. Once the patient receives the necessary vaccine, you may print out the *School Form* and the parent can pass it along to the School Nurse. These are great tools to use to keep everything running as smooth as possible in such a hectic time of year.

Don't forget to call our Help Desk at **1-800-599-9754** if you have any questions about the Registry—I'm here to help!

### Top Vaccines Administered by WyIR Users in June 2008

Vaccine Type	# of Doses	% of Total
Pneumococcal(PCV7)	1334	12.07%
Hib	1046	9.45%
DTaP/Hep B/IPV	864	7.82%
Varicella	815	7.38%
Hep A- Ped/Adol	783	7.09%
DTaP	773	7%
HPV, quadrivalent	641	5.8%
MMR	622	5.63%
Rotavirus	584	5.28%
Tdap	482	4.36%



### Shining Stars!

By Lily Valdez

WyVIP congratulates the following providers for submitting their **June reports** correctly and by the 2nd business day of **July**. I appreciate your hard work and efforts in helping this Incentive program become a huge success. You all did an awesome job!

ABC Pediatrics  
Albany Co PHN  
Banner Medical Clinic  
Bennett, Michele L., MD, PC  
Big Horn Basin Childrens Clinic  
Big Horn Co PHN-Greybull  
Big Horn Co PHN-Lovell  
Campbell Co Memorial Hospital  
Campbell Co PHN  
Carbon Co PHN-Rawlins  
Carbon Co PHN-Saratoga  
Casper Natrona Co Health Dept  
Cedar Hills Family Clinic  
Cheyenne Children's Clinic  
City Co Health Dept - Cheyenne  
Converse Co PHN  
Crook Co PHN  
Ellbogen, David A., MD  
Emerg-A-Care  
Engle, Deeanne, MD  
Evanston Regional Hospital  
Fremont Co PHN-Riverton  
Fremont Family Practice  
FT Washakie Health Center  
Goshen Co PHN  
Green, Richard D., MD  
Health Care for the Homeless  
Hot Springs Co PHN  
Hunter Family Medical Clinic, PC  
Ivinson Memorial Hospital, Nursery  
Jackson Pediatrics  
Johnson Co PHN  
Kurt S. Johnson, MD, PC  
Lander Medical Clinic  
Lander Regional Hospital

Lincoln Co PHN-Afton  
Lincoln Co PHN- Kemmerer  
Mountain View Medical Center  
Niobrara Co PHN  
North Big Horn Hospital - Clinic  
Northeast Wyoming Pediatrics  
Park Co PHN-Powell  
Platte Co PHN  
Platte Valley Medical Clinic  
Region V Boces  
Rock Springs Family Practice, Inc  
Sheridan Co Comm. Health  
Sheridan Memorial Hospital  
South Lincoln Medical Center  
South Sheridan Medical Center  
Star Valley Medical Center  
Sublette Co PHN  
Sublette Co RHC – Big Piney  
Sublette Co RHC - Pinedale  
Sweetwater Co Comm. Nursing Svcs-Green River  
Sweetwater Co Comm. Nursing Svcs-Rock Springs  
Teton Co PHN  
Thayne Family Medical Clinic  
Thomas, Jennifer, MD, PC  
Uinta Co PHN-Evanston  
Uinta Co PHN-Lyman  
Uinta Family Practice  
UW Family Practice  
Wagon Circle Medical Clinic  
Washakie Co PHN  
Weston Co PHN  
Willow Creek Family Medicine  
Women's Health Center  
Woodward, Drew, MD, PC  
Wyoming Health Initiative

By submitting their monthly reports correctly and by the 2nd business day of the month for three months the following providers have achieved the **Good Job! Award** (stress ball push pen).

Kinbrook, Michelle, MD  
Oregon Trail Rural Health Clinic  
Sweetwater Medical Group

The following providers have submitted their monthly reports correctly and by the 2nd business day of the month for six months and have achieved the **Excellent! Award** (happy highlighter).

Alpha Family Medicine  
Alpine Family Medical Clinic  
Babson & Associates of Primary Care  
Big Horn Pediatrics  
Billings Clinic - Cody  
Bridger Valley Family Practice  
Brown, Craig, MD  
Castle Rock Medical Center  
Cheyenne Family Medicine  
Cheyenne Health & Wellness Center  
Community Health Center of Central Wyoming  
Evanston Pediatrics  
Family Care Clinic, LLC  
Family Medical Care  
Family Medical Center  
Fisher, Carol A., MD  
Fremont Co Pediatric Clinic  
Goose Creek Pediatrics  
Granum, Michael J., MD  
Laramie Childrens Clinic  
Laramie Pediatrics  
Memorial Hospital of Carbon Co.  
Memorial Hospital of Sweetwater Co.  
Moorcroft Clinic  
Myers, Harlen, MD  
Pediatric and Adolescent Clinic, Inc  
Platte Co Memorial Hospital  
Pockat, Tom, MD  
Quinn, Michael J., MD-FAAP  
Rawlins Family Medical  
Red Rock Family Practice  
Riverton Community Health Center  
South Lincoln Medical Clinic  
St. John's Medical Center  
Star Valley Family Physicians  
Sweetwater Pediatrics, PC  
The Family Clinic, LLC  
Total Family Health, PC  
Tri-County Medical Center  
UW Student Health  
Western Family Care  
Western Medical Associates, LLC  
Wind River Pediatrics



Sun	Mon	Tue	Wed	Thu	Fri	Sat
AUGUST	IS NATIONAL IMMUNIZATION AWARENESS MONTH !				1	2
3	4 <b>Monthly Reports Due</b>	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20 <b>WIP Tele-conference</b>	21 <b>WIP Policy Training</b>	22	23
24	25	26	27	28	29	30

### Important Dates in August

#### **August 4: ALL monthly reports due:**

- Doses Administered Forms
- Inventory Forms
- Temperature Logs

• A REMINDER! The Doses Administered Reports you send in are the basis for replenishing your vaccine orders. If you have Special Clinic Order forms, flu doses administered, transfer of vaccine forms and/or preference forms, please send them at this time as well.

**August 20: WIP Monthly Teleconference:** 12:15 p.m.-1:30pm. Call in information 1-877-278-8686, Participant ID, **687555**.

**August 21: WIP Policy and Procedure Training.** Please RSVP to Andrea by August 20 for call in information if interested in participating.

### Some important reminders about WyVIP:

- The maximum administrative fee your office may charge for WyVIP vaccine is **\$14.31** per shot.
- Vaccine nearing expiration must be reported to our office within 60 days of expiration.
- An up-to-date **emergency plan** for relocating vaccine in the event of power failures must be available in your offices.
- A primary and **secondary** immunization staff contact are necessary for each office.
- All Vaccine Information Statements (VIS) must be given PRIOR to administration of any vaccine.
- Please read the WyVIP policy packet and other available policies and procedures posted at [www.immunizewyoming.com](http://www.immunizewyoming.com)



# It's federal law!

## You must give your patients current Vaccine Information Statements (VISs)

*This article was written by Neal A. Halsey, MD, director, Institute for Vaccine Safety, Johns Hopkins Bloomberg School of Public Health and was last updated by the Immunization Action Coalition in June 2008.*

As healthcare professionals understand, the risks of serious consequences following vaccination are many hundreds or thousands of times less likely than the risks associated with the diseases that the vaccines protect against. Most adverse reactions from vaccines are mild and self-limited. Serious complications are rare, but they can have a devastating effect on the recipient, family members, and the providers involved with the care of the patient. We must continue the efforts to make vaccines as safe as possible.

Equally important is the need to furnish vaccine recipients (or the parents/legal representatives of minors) with objective information on vaccine safety and the diseases that the vaccines protect against, so that they are actively involved in making decisions affecting their health or the health of their children. When people are not informed about vaccine adverse events, even common, mild events, they can lose their trust in healthcare providers and vaccines. Vaccine Information Statements (VISs) provide a standardized way to present objective information about vaccine benefits and adverse events.

### What are VISs?

VISs are developed by the staff of the Centers for Disease Control and Prevention (CDC) and undergo intense scrutiny by panels of experts for accuracy. Each VIS provides information to properly inform the adult vaccine recipient or the minor child's parent or legal representative about the risks and benefits of each vaccine. VISs are not meant to replace interactions with healthcare providers, who should answer questions and address concerns that the recipient or the parent/legal representative may have.

### Use of the VIS is mandatory!

Before a healthcare provider vaccinates a child or an adult with a dose of any vaccine containing diphtheria, tetanus, pertussis, measles, mumps, rubella, polio, hepatitis A, hepatitis B, *Haemophilus influenzae* type b (Hib), trivalent influenza, pneumococcal conjugate, meningococcal, rotavirus,

human papillomavirus (HPV), or varicella (chickenpox) vaccine, the provider is required by the National Childhood Vaccine Injury Act (NCVIA) to provide a copy of the VIS to either the adult recipient or to the child's parent/legal representative.

VISs are also available for pneumococcal polysaccharide vaccine, as well as various vaccines used primarily for international travelers. The use of these VISs is recommended but not currently required by federal law.

An alternative VIS—the multi-vaccine VIS—is an option to providing single-vaccine VISs when administering one or more of these routine birth-through-6-month vaccines: DTaP, hepatitis B, Hib, pneumococcal (PCV), polio (IPV), or rotavirus. The multi-vaccine VIS can also be used when giving combination birth-through-6-month vaccines (i.e., Pediarix or Comvax) or when giving two or more routine birth-through-6-month vaccines together at other pediatric visits (e.g., 12–15 months or 4–6 years).

State or local health departments or individual providers may place the clinic name on the VISs, but any other changes must be approved by the director of CDC's National Center for Immunization and Respiratory Diseases.

### What to do with VISs

Some of the legal requirements concerning the use of VISs are as follows:

1. Before an NCVIA-covered vaccine is administered to anyone (this includes adults!), you must give the patient or the parent/legal representative a copy of the most current VIS available for that vaccine. Make sure you give your patient time to read the VIS prior to the administration of the vaccine.
2. You must record in your patient's chart the date the VIS was given.
3. You must also record on the patient's chart the publication date of the VIS, which appears on the bottom of the VIS.

### How to get VISs

VISs can be downloaded from the Immunization Action Coalition's website at [www.immunize.org/vis](http://www.immunize.org/vis) or CDC's website at [www.cdc.gov/vaccines/pubs/vis/default.htm](http://www.cdc.gov/vaccines/pubs/vis/default.htm). Ready-to-copy ver-

To obtain a complete set of current VISs in more than 30 languages, visit IAC's website at [www.immunize.org/vis](http://www.immunize.org/vis)

sions may also be available from your state or local health department.

Foreign language versions of VISs are not officially available from the CDC; however, several state health departments have arranged for their translations. These versions do not require CDC approval. You can find VISs in more than 30 languages on the Immunization Action Coalition website at [www.immunize.org/vis](http://www.immunize.org/vis). To find VISs in alternative formats (e.g., audio, web-video), go to: [www.immunize.org/vis/vis\\_audio.asp](http://www.immunize.org/vis/vis_audio.asp).

### Most current versions of VISs

As of June 2008, the most recent versions of the VISs are as follows:

DTaP/DT/DTP	5/17/07	PCV	9/30/02
hepatitis A	3/21/06	PPV	7/29/97
hepatitis B	7/18/07	polio	1/1/00
HPV (H. papillomavirus)	2/2/07	rabies	1/12/06
Hib	12/16/98	rotavirus	4/12/06
influenza (LAIV)	10/4/07	shingles	9/11/06
influenza (TIV)	7/16/07	Td	6/10/94
Japan. enceph.	5/11/05	Tdap	7/12/06
meningococcal	1/28/08	typhoid	5/19/04
MMR	3/13/08	varicella	3/13/08
		yellow fever	11/9/04

*New: Multiple vaccine VIS for infants and toddlers:*

DTaP+IPV+Hib+PCV+HepB+Rota 1/30/08

**“We have an obligation to provide patients and/or parents with information that includes both the benefits and the risks of vaccines. This can be done with the Vaccine Information Statements that healthcare providers are required by law to provide prior to the administration of vaccines.”**

**Walter A. Orenstein, MD, past director, National Immunization Program, CDC**

# INACTIVATED INFLUENZA VACCINE

## WHAT YOU NEED TO KNOW 2008-09

Many Vaccine Information Statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis).

### 1 Why get vaccinated?

**Influenza (“flu”) is a contagious disease.**

It is caused by the influenza virus, which can be spread by coughing, sneezing, or nasal secretions.

Other illnesses can have the same symptoms and are often mistaken for influenza. But only an illness caused by the influenza virus is really influenza.

Anyone can get influenza, but rates of infection are highest among children. For most people, it lasts only a few days. It can cause:

- fever
- sore throat
- chills
- fatigue
- cough
- headache
- muscle aches

Some people get much sicker. Influenza can lead to pneumonia and can be dangerous for people with heart or breathing conditions. It can cause high fever, diarrhea and seizures in children. On average, 226,000 people are hospitalized every year because of influenza and 36,000 die – mostly elderly.

**Influenza vaccine can prevent influenza.**

### 2 Inactivated influenza vaccine

There are two types of influenza vaccine:

**1. Inactivated** (killed) vaccine, or the “flu shot” is given by injection into the muscle. **2. Live, attenuated** (weakened) influenza vaccine is sprayed into the nostrils. *This vaccine is described in a separate Vaccine Information Statement.*

Influenza viruses are always changing. Because of this, influenza vaccines are updated every year, and an annual vaccination is recommended.

Each year scientists try to match the viruses in the vaccine to those most likely to cause flu that year. When there is a close match the vaccine protects most people from serious influenza-related illness. But even when there is not a close match, the vaccine provides some protection. Influenza vaccine will *not* prevent “influenza-like” illnesses caused by other viruses.

It takes up to 2 weeks for protection to develop after the shot. Protection lasts up to a year.

Some inactivated influenza vaccine contains a preservative called thimerosal. Some people have suggested that thimerosal may be related to developmental problems in children. In 2004 the Institute of Medicine reviewed many studies looking into this theory and concluded that there is no evidence of such a relationship. Thimerosal-free influenza vaccine is available.

### 3 Who should get inactivated influenza vaccine?

*All children 6 months and older and all older adults:*

- **All children** from 6 months through 18 years of age.
- **Anyone 50 years of age or older.**

*Anyone who is **at risk of complications from influenza, or more likely to require medical care:***

- Women who will be **pregnant** during influenza season.
- Anyone with **long-term health problems** with:
  - heart disease
  - kidney disease
  - liver disease
  - lung disease
  - metabolic disease, such as diabetes
  - asthma
  - anemia, and other blood disorders
- Anyone with a **weakened immune system** due to:
  - HIV/AIDS or other diseases affecting the immune system
  - long-term treatment with drugs such as steroids
  - cancer treatment with x-rays or drugs
- Anyone with certain **muscle or nerve disorders** (such as seizure disorders or cerebral palsy) that can lead to breathing or swallowing problems.
- Anyone 6 months through 18 years of age on **long-term aspirin treatment** (they could develop Reye Syndrome if they got influenza).
- **Residents of nursing homes and other chronic-care facilities.**

*Anyone who **lives with or cares for people at high risk for influenza-related complications:***

- **Health care providers.**
- **Household contacts and caregivers of children** from birth up to 5 years of age.
- **Household contacts and caregivers of**
  - people 50 years and older, or
  - anyone with medical conditions that put them at higher risk for severe complications from influenza.

Health care providers may also recommend a yearly influenza vaccination for:

- People who provide **essential community services.**
- People living in **dormitories, correctional facilities, or under other crowded conditions**, to prevent outbreaks.
- People at high risk of influenza complications who **travel** to the Southern hemisphere between April and September, or to the tropics or in organized tourist groups at any time.

Influenza vaccine is also recommended for anyone who wants to **reduce the likelihood of becoming ill** with influenza or **spreading influenza to others.**

## 4 When should I get influenza vaccine?

Plan to get influenza vaccine in October or November if you can. But getting vaccinated in December, or even later, will still be beneficial in most years. You can get the vaccine as soon as it is available, and for as long as illness is occurring in your community. Influenza can occur any time from November through May, but it most often peaks in January or February.

Most people need one dose of influenza vaccine each year.

**Children younger than 9 years of age getting influenza vaccine for the first time** – or who got influenza vaccine for the first time last season but got only one dose – should get 2 doses, at least 4 weeks apart, to be protected.

Influenza vaccine may be given at the same time as other vaccines, including pneumococcal vaccine.

## 5 Some people should talk with a doctor before getting influenza vaccine

Some people should not get inactivated influenza vaccine or should wait before getting it.

- Tell your doctor if you have any **severe** (life-threatening) allergies. Allergic reactions to influenza vaccine are rare.
  - Influenza vaccine virus is grown in eggs. People with a severe egg allergy should not get the vaccine.
  - A severe allergy to any vaccine component is also a reason to not get the vaccine.
  - If you have had a severe reaction after a previous dose of influenza vaccine, tell your doctor.
- Tell your doctor if you ever had Guillain-Barré Syndrome (a severe paralytic illness, also called GBS). You may be able to get the vaccine, but your doctor should help you make the decision.
- People who are moderately or severely ill should usually wait until they recover before getting flu vaccine. If you are ill, talk to your doctor or nurse about whether to reschedule the vaccination. People with a **mild illness** can usually get the vaccine.

## 6 What are the risks from inactivated influenza vaccine?

A vaccine, like any medicine, could possibly cause serious problems, such as severe allergic reactions. The risk of a vaccine causing serious harm, or death, is extremely small.

Serious problems from influenza vaccine are very rare. The viruses in inactivated influenza vaccine have been killed, so you cannot get influenza from the vaccine.

### Mild problems:

- soreness, redness, or swelling where the shot was given
- fever • aches

If these problems occur, they usually begin soon after the shot and last 1-2 days.

### Severe problems:

- Life-threatening allergic reactions from vaccines are very rare. If they do occur, it is usually within a few minutes to a few hours after the shot.
- In 1976, a type of influenza (swine flu) vaccine was associated with Guillain-Barré Syndrome (GBS). Since then, flu vaccines have not been clearly linked to GBS. However, if there is a risk of GBS from current flu vaccines, it would be no more than 1 or 2 cases per million people vaccinated. This is much lower than the risk of severe influenza, which can be prevented by vaccination.

## 7 What if there is a severe reaction?

### What should I look for?

- Any unusual condition, such as a high fever or behavior changes. Signs of a serious allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

### What should I do?

- **Call** a doctor, or get the person to a doctor right away.
- **Tell** your doctor what happened, the date and time it happened, and when the vaccination was given.
- **Ask** your doctor, nurse, or health department to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form.

Or you can file this report through the VAERS web site at [www.vaers.hhs.gov](http://www.vaers.hhs.gov), or by calling 1-800-822-7967.

*VAERS does not provide medical advice.*

## 8 The National Vaccine Injury Compensation Program

A federal program exists to help pay for the care of anyone who has a serious reaction to a vaccine.

For more information about the National Vaccine Injury Compensation Program, call **1-800-338-2382** or visit their website at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation).

## 9 How can I learn more?

- Ask your immunization provider. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-4636 (1-800-CDC-INFO)**
  - Visit CDC's website at [www.cdc.gov/flu](http://www.cdc.gov/flu)



**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR DISEASE CONTROL AND PREVENTION**

# LIVE, INTRANASAL INFLUENZA VACCINE

## WHAT YOU NEED TO KNOW 2008-09

Many Vaccine Information Statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis).

### 1 Why get vaccinated?

**Influenza (“flu”) is a contagious disease.**

It is caused by the influenza virus, which can be spread by coughing, sneezing, or nasal secretions.

Other illnesses can have the same symptoms and are often mistaken for influenza. But only an illness caused by the influenza virus is really influenza.

Anyone can get influenza, but rates of infection are highest among children. For most people, it lasts only a few days. It can cause:

- fever
- sore throat
- chills
- fatigue
- cough
- headache
- muscle aches

Some people get much sicker. Influenza can lead to pneumonia and can be dangerous for people with heart or breathing conditions. It can cause high fever, diarrhea, and seizures in children. On average, 226,000 people are hospitalized every year because of influenza and 36,000 die – mostly elderly.

**Influenza vaccine can prevent influenza.**

### 2 Live, attenuated influenza vaccine - LAIV (nasal spray)

There are two types of influenza vaccine:

1. **Live, attenuated** influenza vaccine (LAIV) contains live but attenuated (weakened) influenza virus. It is sprayed into the nostrils. 2. **Inactivated** influenza vaccine, sometimes called the “flu shot,” is given by injection. *Inactivated influenza vaccine is described in a separate Vaccine Information Statement.*

Influenza viruses are always changing. Because of this, influenza vaccines are updated every year, and an annual vaccination is recommended.

Each year scientists try to match the viruses in the vaccine to those most likely to cause flu that year. When there is a close match the vaccine protects most people from serious influenza-related illness. But even when there is not a close match, the vaccine provides some protection. Influenza vaccine will *not* prevent “influenza-like” illnesses caused by other viruses.

It takes up to 2 weeks for protection to develop after the vaccination. Protection lasts up to a year.

LAIV does not contain thimerosal or other preservatives.

### 3 Who can get LAIV?

LAIV is approved for **people from 2 through 49 years of age**, who are not pregnant and do not have certain health conditions (see #4, below). Influenza vaccination is recommended for people who can spread influenza to others at high risk, such as:

- **Household contacts and out-of-home caregivers** of children up to 5 years of age, and people 50 and older.
- Physicians and nurses, and family members or anyone else in **close contact with people at risk** of serious influenza.

Health care providers may also recommend a yearly influenza vaccination for:

- People who provide **essential community services**.
- People living in **dormitories, correctional facilities**, or under other crowded conditions, to prevent outbreaks.

Influenza vaccine is also recommended for anyone who wants to **reduce the likelihood of becoming ill** with influenza or **spreading influenza to others**.

### 4 Some people should *not* get LAIV

LAIV is not licensed for everyone. The following people should get the **inactivated** vaccine (flu shot) instead:

- **Adults 50 years of age and older or children between 6 months and 2 years of age.** (Children younger than 6 months should not get *either* influenza vaccine.)
- Children younger than 5 with asthma or one or more episodes of **wheezing** within the past year.
- People who have **long-term health problems** with:
  - heart disease
  - kidney or liver disease
  - lung disease
  - metabolic disease, such as diabetes
  - asthma
  - anemia, and other blood disorders
- Anyone with certain **muscle or nerve disorders** (such as seizure disorders or cerebral palsy) that can lead to breathing or swallowing problems.
- Anyone with a **weakened immune system**.
- Children or adolescents on **long-term aspirin treatment**.
- **Pregnant women.**

Tell your doctor if you ever had **Guillain-Barré syndrome** (a severe paralytic illness also called GBS). You may be able to get the vaccine, but your doctor should help you make the decision.

**The flu shot** is preferred for people (including health-care workers, and family members) in **close contact with anyone**



**who has a severely weakened immune system** (requiring care in a protected environment, such as a bone marrow transplant unit). People in close contact with those whose immune systems are less severely weakened (including those with HIV) may get LAIV.

Anyone with a **nasal condition** serious enough to make breathing difficult, such as a very stuffy nose, should get the flu shot instead.

Some people should talk with a doctor before getting *either* influenza vaccine:

- Anyone who has ever had a **serious** allergic reaction to **eggs** or another vaccine component, or to a **previous dose** of influenza vaccine. LAIV also contains **MSG, arginine, gentamicin, and gelatin**.
- People who are moderately or severely ill should usually wait until they recover before getting flu vaccine. If you are ill, talk to your doctor or nurse about whether to reschedule the vaccination. People with a **mild illness** can usually get the vaccine.

## 5 When should I get influenza vaccine?

Plan to get influenza vaccine in October or November if you can. But getting it in December, or even later, will still be beneficial most years. You can get the vaccine as soon as it is available, and for as long as illness is occurring in your community. Influenza can occur from November through May, but it most often peaks in January or February.

Most people need one dose of influenza vaccine each year.

**Children younger than 9 years of age getting influenza vaccine for the first time** – or who got influenza vaccine for the first time last season but got only one dose – should get 2 doses, at least 4 weeks apart, to be protected.

LAIV may be given at the same time as other vaccines.

## 6 What are the risks from LAIV?

A vaccine, like any medicine, could possibly cause serious problems, such as severe allergic reactions. The risk of a vaccine causing serious harm, or death, is extremely small.

Live influenza vaccine viruses rarely spread from person to person. Even if they do, they are not likely to cause illness.

LAIV is made from weakened virus and does not cause influenza. The vaccine *can* cause mild symptoms in people who get it (see below).

### Mild problems:

Some children and adolescents 2-17 years of age have reported mild reactions, including:

- runny nose, nasal congestion or cough
- fever
- headache and muscle aches
- wheezing
- abdominal pain or occasional vomiting or diarrhea

Some adults 18-49 years of age have reported:

- runny nose or nasal congestion
- sore throat
- cough, chills, tiredness/weakness
- headache

These symptoms did not last long and went away on their own. Although they can occur after vaccination, they may

not have been caused by the vaccine.

### Severe problems:

- Life-threatening allergic reactions from vaccines are very rare. If they do occur, it is usually within a few minutes to a few hours after the vaccination.
- If rare reactions occur with any product, they may not be identified until thousands, or millions, of people have used it. Millions of doses of LAIV have been distributed since it was licensed, and no serious problems have been identified. Like all vaccines, LAIV will continue to be monitored for unusual or severe problems.

## 7 What if there is a severe reaction?

### What should I look for?

- Any unusual condition, such as a high fever or behavior changes. Signs of a serious allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

### What should I do?

- **Call** a doctor, or get the person to a doctor right away.
- **Tell** your doctor what happened, the date and time it happened, and when the vaccination was given.
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Vaccine Information Statement  
Live, Attenuated Influenza Vaccine (7/24/08) 42 U.S.C. §300aa-26